

TORSION OF A HUGE OVARIAN CYST IN A 90-YEAR-OLD WOMAN

Yu-Yueh Peng¹, Chih-Ping Chen^{1,2}, Shu-Chin Chien^{3,4}, Jen-Ruei Chen^{1*}

¹Department of Obstetrics and Gynecology, Mackay Memorial Hospital, Taipei, ²Department of Biotechnology, Asia University, and Departments of ³Obstetrics and Gynecology, and ⁴Medical Genetics, China Medical University, Taichung, Taiwan.

A 90-year-old Taiwanese woman, para 8, was admitted to the emergency department with complaints of mild abdominal pain and constipation for 2 days but with no nausea, vomiting or recent weight loss. An enlarging lower abdominal mass had been present for approximately 1 year. The patient denied any prior abdominal operations, and her past medical history was unremarkable except for hypertension treated with an oral β -blocker. Upon arrival to the emergency department, she was afebrile but tachycardic with a pulse of 132 beats/minute and a blood pressure of 150/90 mmHg. The abdomen was soft with normoactive bowel sounds. Physical examination revealed a palpable and mobile lower abdominal mass protruding from the subumbilical to suprapubic area. White blood cell count was 7,400/mL with a normal differential count. Computed tomography of the abdomen was performed and revealed a large cystic mass with solid component and two calcified spots, which was thought to represent a malignant ovarian neoplasm (Figure). Tumor markers including CEA and CA-125 were analyzed; CEA level was 1.9 ng/mL (normal serum level, < 5.00 ng/mL) and CA-125 level was 27.94 U/mL (normal serum level, < 35 U/mL). Findings using less invasive procedures including a colonoscopy and a cystoscopy were unremarkable, so an exploratory laparotomy was performed under general anesthesia. Surgery revealed that the right adnexa was well encapsulated and twisted with ischemic change; it measured 21 \times 17 \times 6 cm. A right salpingo-oophorectomy was performed. Pathologic examination of the ovary and fallopian tube showed a simple cyst with hemorrhage and infarction.

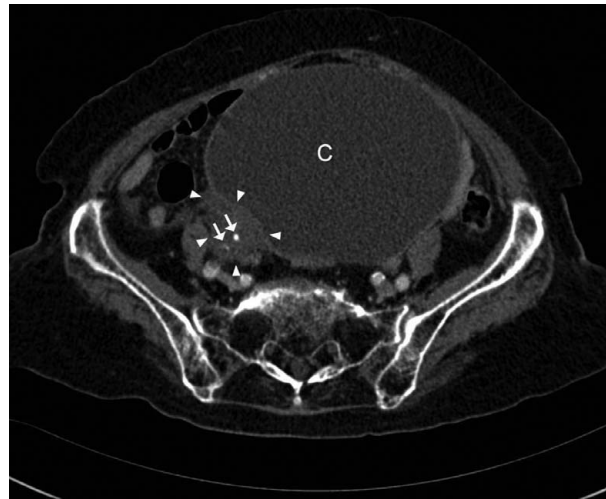


Figure. Computed tomography of the pelvis reveals a 21 \times 17 \times 6 cm cystic mass (C) with solid components (arrowheads) and two calcified spots (arrows) in the right adnexa extending to the central abdomen.

Adnexal torsion in postmenopausal women is uncommon. Koonings and Grimes [1] found that 19 out of 301 (6%) of the tumors underwent torsion. In their study, all the ovarian tumors were benign except for one serous cystadenoma of a low malignant potential (stage Ia) found in the ovary without torsion. Serous cystadenoma was the most frequent tumor with torsion. The mean age of the patients was 64 years (range, 52–80 years). Shih et al [2] reported another two cases of ovarian torsion in postmenopausal women. One patient was a 74-year-old female with a 10-cm simple cyst and the other patient was a 75-year-old female with an 8-cm dysgerminoma. The first patient received total abdominal hysterectomy and bilateral salpingo-oophorectomy. She recovered uneventfully after surgery and was discharged in stable condition. The second patient had right salpingo-oophorectomy during the first operation. After confirmation of ovarian dysgerminoma, hysterectomy and left salpingo-oophorectomy were scheduled subsequently.



ELSEVIER

*Correspondence to: Dr Jen-Ruei Chen, Department of Obstetrics and Gynecology, Mackay Memorial Hospital, 92, Section 2, Chung-Sang North Road, Taipei 104, Taiwan.
E-mail: cremaster4471@yahoo.com.tw
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The present case provides evidence that the torsion of a benign ovarian cyst can occur even in a 90-year-old female patient. Our patient, like those in previous reports, recovered uneventfully after surgery. To the best of our knowledge, this case describes the oldest patient with an ovarian torsion reported in the literature, who had a favorable outcome.

References

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